

## THE

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## ORIGINAL DEPARTMENT.

## Communications.

## ROUGH NOTES,

Of an Army Surgeon's Experience, during the Great Rebellion.

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No. 27

## Wapping Heights.

The Army of the Potomac, after Gettysburg, followed in pursuit of the Rebel army, but no infantry engagement of any moment occurred until MEADE attempted to cut LEE's column, then passing from Front Royal through Chester Gap. The attempt happily conceived, unfortunately in its execution was unsuccessful, as LEE merely detached a division to hold our advance guard at bay, and before our army was massed for battle, his dusty grey-coated throng were safe from pursuit.

Notwithstanding this failure in accomplishing the object intended, the attempt was marked by one of the most brilliant affairs of the war which occurred near a little hamlet on the Manassas Gap Railroad, called Wapping Heights. The gap is a narrow, rocky road winding between the mountains which rise precipitously on either side. Through this gap runs the railroad, and the Third Corps, holding the advance of our army, marched slowly up this road and discovered the enemy strongly posted on a hill over half a mile in length. There was but one way to dislodge them, and the veteran Excelsior Brigade was ordered to charge. The Second and Fifth Corps had arrived, and with the Third Corps were massed on the sides of surrounding hills. In full view of these masses, and appearing more like a stage scene than a reality, the line moved up the steep ascent.

Toiling, struggling on, unmindful of the hail

of minnies and the roar of artillery that greeted them, that little handful of brave men pressed forward. Three army corps with breathless anxiety, watched them with eager eyes until, as their banners gained the crest and their bayonets drove before them the Rebel line, cheer after cheer told how brave men applaud brave deeds.

It was not a battle. The papers called it a "brilliant affair." But the little hamlet at the foot of the hill, from which floated the Third Corps hospital flag, gave the shady side of the brilliant picture. Over an hundred badly wounded men lay beneath the shady trees and upon the shaven lawn, a very small field hospital affording but little of interest, comparatively, to the military surgeon.

Yet, I cannot but remember it well, as I recall one of those little incidents which, in military as well as in civil practice, teach the medical man how powerless he is in the presence of the fell Destroyer.

I heard my name called by a familiar voice, and turning, I saw upon a stretcher just brought in, a young officer than whom no nobler, braver, and more gallant soldier of his age in the volunteer service, wears the bars of a captain.

Young, brave, generous to a fault, and with his whole heart in the cause for which he drew his sword, he had joined his regiment at Gettysburg with a wound received at Chancellorsville still suppurating, and at the head of his company he had fallen in the charge.

"Doctor, I am dying;" and his upturned, pallid face pleaded for help, while it told, what I knew he had so often expressed in words, a child-like implicit confidence in my judgment and skill—a confidence which shines in upon a military surgeon's life like a ray of sunshine upon his pathway. The round blackened-edged wound in the abdomen and his pulseless wrist corroborated his story.

"I won't deceive you Charlie, you *are* dying I can give you no hope."

An intimate personal friend, I had loved him for his many noble qualities of head and heart, and with that familiarity with the horrors of

the battle-field which is wont to render one stoical, as I stood by his side and saw him slowly pass away, without being able to stay the ebbing tide, I felt more keenly than ever before, how, even with all the resources of our boasted modern surgery, we are impotent in so many, many cases to avert the dread event.

The affair at Wapping Heights is chiefly interesting, in a surgical point of view, as illustrating how extraordinarily well wounded men bear transportation. It is but one of many instances that could be given to illustrate the same point.

The road from Wapping Heights to "Markham's" at the entrance of the gap, is only called a road by courtesy; it is in reality the bed of a mountain stream which receives its supply of water from numerous little rivulets that trickle down the mountain side. It is composed of rocks of all sizes, thickly strewn throughout its whole length. And as I was attending to the transportation of the severely wounded, I shuddered at the thought that over that terribly rough road my wounded must be transported. But there was no alternative, and our patients (some of them with compound comminuted fractures, some with amputated limbs, and some shot through the lungs) were transferred to the ambulances. The journey to Warrenton occupied two days, about one-third of the time being occupied in traversing the horrible road referred to, but on our arrival at that place I was delighted to find that they were doing apparently just as well as if they had remained quietly in hospital, and, when a couple of days afterwards, we transferred them to Washington by rail, I never saw a like number of wounded, with the same nature of wounds, doing better.

Numerous instances might be cited in the present campaign, illustrating the same fact. Before leaving Brandy Station to increase the mobility of the army (which has always been embarrassed by its amount of wheeled transportation) the number of ambulances was reduced to what has been well styled "a peace footing." In the very first of our great battles—that terrible contest in the Wilderness—not only were we compelled to resort to army baggage wagons, but even they proved insufficient to carry our numerous wounded. At Tod's Tavern, Spottsylvania, the Harris House, Milford, on the North Anna, and the Tolopotamo, and at Cole Harbor, and Petersburg, we have been compelled to resort to the same method of transportation, generally as a rule it is true for the lighter cases only, and on some few occasions,

for even the severely wounded. It would have been argued that the suffering would have been terrible and the mortality immense, but such has not been the fact.

The men have suffered as wounded men always have and always will suffer in transportation, but not much more than ordinarily, while the deaths in transportation have been extraordinarily few. It is a common remark on loading a train of wounded, "Well, before I came out, I should have felt certain that at least half of these men would die, and there are few of them whom I would have allowed to have been carried an hundred yards." And looking at the roads over which our men have sometimes been carried, it is indeed wonderful how well they bear it.

#### CASES SELECTED

FROM

#### PROFESSOR FLINT'S MEDICAL CLINICS

At the Long Island College Hospital, Session of 1864,

Reported by *Alex. J. C. Skene, M. D.*,

Clinical Assistant to the Chair of Pathology and Practical Medicine.

#### Diseases of the Brain and Nervous System.

##### CASE I. HEMIPLEGIA PRODUCED BY APOPLEXY.

*History.* P. —, at 28 years, was at work about eleven months ago, on the upper part of a house on a very hot day, when he suddenly became unconscious and fell upon the floor. The pulse at the wrist was perceptible and he breathed stertorously, as if in a deep sleep, from which he could not be aroused. He remained in that comatose condition for some days when gradually consciousness began to return, and then it was observed that the right side was paralyzed. The hemiplegia was complete, at first, but in time he gained a little control of the muscles, and continued to improve until he could move his arm slightly and walk in an awkward way, but for the last two or three months he has made no progress in recovering.

*Present Condition.* April 5th. The patient has the appearance of good health, but he has a very limited amount of voluntary motion of the right side. He walks in a very imperfect manner, the right leg serving only as a support to the body, and having to be dragged after him as he progresses. He can raise the arm and move the fingers a little, but cannot move the forearm. There is some facial paralysis remaining, and he speaks as if he had not the perfect use of his tongue. The patient's father states that

his mental faculties appear to be slightly impaired.

*Treatment.* Directed the patient to rub the limbs briskly with a piece of woolen cloth at least once daily, and to make strong efforts to move the paralyzed parts. He was made to understand that any improvement which he could expect to make, would be from his own exertions to use the muscles.

The prognosis could not be encouraging, for it is not likely that the patient will ever fully recover. ¶

*Progress of the Case.* April 13th. The patient reports that he is not any better.

*Commentary.* The first points given in the history of this case are such as are presented in apoplexy, when there is an extravasation of blood into the substance of the brain. Cases of this nature are liable to terminate fatally in the first stage, *i. e.*, the patient never recovers from the comatose condition; and in less severe cases there is paralysis, which is likely to continue though sometimes it disappears gradually as the brain lesions are repaired. The escape of blood from rupture of a vessel may take place at almost any part of the brain, but it occurs in by far the greatest number of cases at the corpora striata where it is found in the form of a clot in cases which prove fatal.

When recovery takes place the blood clot is mostly absorbed, and but little remains to be seen of the original lesion.

The cause of permanent paralysis from apoplexy is two-fold. At first the loss of voluntary motion is due to the injury of the brain, and if that is soon recovered from, the paralysis may, in a great measure, but never completely, disappear. But should the restoration of the brain lesions involve a considerable length of time, the muscles, from long inactivity, undergo fatty degeneration, which renders them unfit to perform their proper functions even when innervation is established.

When the paralysis has existed for some time and there is reason to believe that the muscles have undergone that change in structure, there is not much to be expected from treatment.

#### CASE II. CHOREA.

*History.* J. W., at 9, for the last month has been affected with an indisposition to move any of the muscles of the right side. There is no paralysis, but he very seldom moves the right arm or limb unless especially called upon to do so. His power of speech has been peculiarly

affected; he can talk quite well for a short time, but he soon becomes exhausted and stops suddenly and after a little rest he is again able to speak. This singular weakness does not appear to be caused by any lesion of the organs of speech but from defective nerve power.

*Present Condition.* May 8th. The patient has an anemic appearance, but is well developed and of a good size for his age. He has a vacant careless expression, and his eyes wander from object to object, or keep rolling or turning in their orbits. The muscles of the face are almost constantly moving, so that he twists his countenance into all manner of shapes. His appetite is capricious, his bowels are not very regular, and he has symptoms of having vermes.

*Treatment.* Prescribed the following:

B. Santonine,	gr. viij
Hydrarg. chlor. mit.,	gr. iiij
Resinæ Jalapæ,	gr. iss
Crete ppt,	gr. viij M.

Divide in cht., no. vj

One powder to be taken every three hours. Gave orders to observe if the medicine brought away any worms.

*Progress of the Case.* May 11th. The patient took all the powders but they failed to operate on the bowels. Ordered

B. Ol. ricini,	f3ss
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To be taken immediately

May 13th. The medicine operated freely but no worms were passed. Prescribed

Dragées of the valerianate of zinc No. xij.

One to be taken three times daily.

May 23d. The patient reports that there is a little improvement. Ordered the dragées to be continued.

*Commentary.* This case is doubtless one of chorea though it does not present the symptoms of that affection in a very marked degree. In chorea the convulsive twitching of the muscles and the loss of the power to control the voluntary muscular movements are generally so well marked that the diagnosis can be made at the first sight, but in a case like this closer observation is required in order to make sure of its real character. Chorea is a disease which belongs to early life, seldom appearing after puberty. Its duration varies very much in different cases, but it usually terminates favorably in from two weeks to three months, though some cases last much longer. The treatment should be directed toward improving the general health, and when the disease depends on

irritation of the stomach and bowels, or any derangement of the constitution, remedies should be used for these disorders. In this case there was reason to believe that the patient suffered from vermes and medicines were given to remove them. As a nerve tonic in chorea the valerianate of zinc, which was used in this case, is one of the best.

### CASE III. COLICA PICTONUM.

*History.* M. D., laborer, at 32, has been employed in a white lead manufactory for two months. Two weeks ago he was taken ill with severe pain in the abdomen, which has recurred in paroxysms ever since. He has also suffered from constipation.

*Present Condition.* March 29th. The patient has a very anaemic, yellowish appearance, and there is a blue line on the gums around the teeth. He states that the pain is confined to a small space in the region of the umbilicus. There is no tenderness on pressure being made over the painful part. The bowels are constipated and the appetite is poor.

#### Treatment. Pil. opii, No. v.

One to be taken every three hours when the pain is very severe.

R. Potassii iodidi, 3ij  
Aqua font. f3ij M.

Teaspoonful to be taken three times a day.

*Progress of the Case.* April 3d. The patient states that he had a very severe paroxysm of pain soon after he left the hospital, and that he then began to take the pills as directed. The pain left him when he had taken two of the pills, but as the bowels were not moved he concluded that he would continue to take them, supposing that they were intended to purge him. He took a pill every three hours until he used them all. He reports now that he has less pain and that the bowels are more regular. Ordered the Iodide of Potassium to be continued.

*Commentary.* This case illustrates one of the poisonous effects of lead. The presence of lead in the tissues gives rise to colic pains, which are very important diagnostic symptoms of the disease. Anæmia such as there is in this case is another condition which lead poisoning produces. Paralysis of the extensor muscles of the hand is a symptom which is pathognomonic of the disease, but it is not always present.

It is rather strange that the patient's bowels should have become more lax when he used

opium so freely. Perhaps the explanation is, that the opium relieved the spasms which interrupted the peristaltic action of the intestines and caused the constipation.

It is believed that the iodide of potassium, when given internally, unites with the lead in the tissues and forms a soluble compound which is eliminated from the system, hence its value as a therapeutic agent in such cases.

### CASE IV. VERTIGO.

*History.* S. M., at 82, had always enjoyed very good health until two years ago, when he became affected with pain in the back and limbs. His strength had failed considerably. Six days ago he was attacked with vertigo which has continued ever since, without getting better or worse.

*Present Condition.* May 6th. The patient looks healthy, but he feels dizzy, and at times everything around him seems turning over; and when he tries to walk he staggers as if intoxicated. There is no disease of the heart or lungs, and the appetite and digestion are normal. The intellect does not seem to be impaired.

#### Treatment. Prescribed

R. Zinc valerianatas (dragées) No. xxiv.  
One to be taken four times a day.

*Progress of the Case.* May 13. The patient reports that he is improving. There is a little of the vertigo remaining, but he is stronger and feels more comfortable. Ordered the valerianate of zinc to be continued.

*Commentary.* Cases of this kind are met with not infrequently, and they usually cause considerable alarm on the part of the patient. The vertigo is usually attended with occasional determinations of blood to the head. The face becomes suddenly flushed and the blood is felt rushing to the head, causing a sense of fulness with perceptible throbbing of the arteries.

These symptoms usually lead the patient to fear that he is about to be attacked with apoplexy, but there is no danger, such cases not terminating in any such serious affection. Apoplexy is not often preceded by any symptoms referable to the head, and when it is they are not like those which were present in this case. Excessive venereal indulgence is the most common cause of this form of vertigo, and by removing the cause and giving tonics the trouble soon disappears. In this case the cause was not apparent though it was likely due to debility from old age.

## THE TENACITY OF HUMAN LIFE

As seen in Cases of Gunshot Injuries.

By THAD. L. LEAVITT, M. D.,

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Of Washington, D. C.

In a brief three months' experience at the largest hospital in the Department of Washington I have noticed with great interest and I may say astonishment, the remarkable tenacity with which men cling to life for a length of time though suffering from the most extensive wounds and profound complications.

I propose to record from copious notes the history of several of the most interesting cases which have been under my care during that time and which have, in some instances, entirely recovered.

Case 1. A. B. J., Corp. Co. D, Fifth Vermont Vols., at 27 years, was wounded at the battle of the Wilderness, May 10th, laid out on the battle-field one day and night; was then removed to field hospital, from there carried by boat to Washington and jolted over a rough road of two miles to the Lincoln Hospital, which he reached about two o'clock in the morning of the 25th. I mention these facts of transportation to show the immense fatigue and suffering that this patient must have sustained before he reached his destination.

Saw him about six o'clock, A. M., found him suffering great agony examined his wound, the ball had entered one line to the left and below the ensiform cartilage passing through the abdominal cavity and making its appearance under the skin just above the crest of the left ilium posteriorly, where it was excised at the field hospital. Pulse quick and exceedingly feeble, abdomen distended and tympanitic; took food and stimuli readily and became much easier under the free use of opium. Patient was much emaciated and countenance ghastly and indicative of great suffering. About noon saw him again, found him much more comfortable, wounds suppurating nicely and looked well; he expressed himself as expecting soon now to get well. About four o'clock, P. M., was conversing with the nurse, apparently in good spirits without any very great pain, swallowed his medicine, etc., and in about five minutes afterwards was in articulo mortis. The autopsy which was made some hours after, showed the ball to have perforated the inferior curvature of the stomach, and strange as it may seem, although an orifice was made directly through the walls of the stomach large enough readily to admit two

fingers, no inflammation or even congestion could be detected except in the immediate locality of the wound which was beginning to suppurate. Evidently the stomach was also uninjured in its functional capacity as was witnessed by the reception and digestion of food during life. Some branches of the gastric artery were severed and about an ounce and a half of dark uncoagulated blood filled the pelvic cavity.

The pancreas was perforated at about its middle, but except in the immediate track of the ball gave evidence of no departure from its healthy standard. The intestines and colon were pushed aside during the passage of the ball and were uninjured. The omentum was found in a partial state of decomposition and closely adherent to the small intestines. Liver and spleen healthy. General peritonitis had prevailed and was undoubtedly the cause of death. In this case life was sustained for a period of fifteen days, notwithstanding the serious injury of a vital organ and the being subjected to the most unfavorable circumstances and depressing influences.

Case 2. D. F. W. Private Co. B., Sixtieth Georgia, at 18 years, was wounded and taken prisoner at the battle of Spottsylvania C. H., Va., May 12th, 1864, and arrived here June 3d.

The ball had struck the symphysis pubis apparently direct, passed in, perforating the bladder, and remained lodged. Urine passed freely through the orifice of the wound. The bowels were regular and no trouble at all was experienced from them during the whole duration of his stay in hospital. Passed his urine naturally and without any difficulty. No pain was felt in the region of the wound which began to heal rapidly. June 17th, 7.30 A. M., was attacked with a heavy chill followed by high fever and profuse perspiration of a sweetish odor which prevailed the greater part of the day. Pulse full and bounding, one hundred and forty-eight beats in the minute, delirium, countenance anxious and face flushed. Fearing from these grave symptoms that pyæmia was about commencing the sulphate of quinia in four grain doses with a wine-glass full of brandy, was given every two hours, and carbonate of ammonia five grains, with chlorate of potash fifteen grains, every two hours. This treatment was continued without any intermission all through the day and part of the night, and about 10.30 P. M. began to tell, the sweat subsiding and the pulse becoming slower and more natural, and the delirium vanishing. Obtained some sleep during night when the dose was omitted.

Morning of 18th, found patient much better, continued same treatment at longer intervals. June 19th, so much better stopped the powder, but kept on with the quinine four or five times daily. He continued to improve, the wound healed up firmly and well.

The 11th day of July was transferred to the Old Capitol Prison perfectly restored to health, with a minnie-ball lodged within the cavity of the abdomen, but without a symptom of peritonitis or of any inflammation of the bladder or other lesion.

**Case 3.** C. F., Private Co. G., Eighth North Carolina, at 18 years, was wounded and taken prisoner at the battle of Coal Harbor, Va., May 31, 1864; was struck by a minnie ball which entered an inch above the left zygomatic arch, passed through the lateral walls of left orbit, entirely destroying the eye; back of the nasal bones, through the internal wall of right orbit, and there made its exit carrying with it the right eye.

Admitted June 10th to this hospital. Erysipelas had attacked the wounds, patient was delirious and suffering considerably. Tincture of chloride of iron was of course administered freely and with prompt and marked beneficial results, a cold-water dressing applied, and in a few days the reparative process had commenced. July 4, doing well profuse suppuration takes place. July 15, severe pain in head and supra-orbital region, ice applied with benefit; fine spiculae of bone are removed daily. The sense of smell and of taste were entirely lost, but taste has been almost entirely restored.

August 7, getting well slowly; look with anxiety for the restoration of smell as another proof of C. BERNARD. Then regarding the function of the tri-facial nerve, the olfactory distribution must have been destroyed.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Local Employment of Bismuth with Glycerine

The sedative action of bismuth renders glycerine a very suitable associate.

**B.** Subnitrate of Bismuth 1 to 3 parts.  
Glycerine 3 parts.

The bismuth in a state of impalpable powder is to be gradually incorporated with the glycerine. The mixture must be stirred up every time it is employed. When it is applied to the surface a pencil should be employed; but when

it has to be introduced within any of the natural cavities, as the vagina of the rectum, the finger or plugs of charpie should be used. M. FOLLIN employs this mixture in equal parts at the Salpêtrière in certain disease of the eye, as chronic granular conjunctivitis, ciliary and glandular blepharitis, etc. M. DEMOUR has found the same preparation of use in eczema of the axillary, vulvar, or anal regions, as well as in chaps of the nipples, lips, and hands. M. TROUSSEAU employs the same mixture, but with only one part of bismuth, in fissures of the anus, when these resist rhatany injections.—*Bull. Gen. de Ther.*

#### Dietetical Properties of Phosphorus.

At a late meeting of the American Medical Association a voluntary communication on the Physiological and Dietetical Properties of Phosphorus was read by Dr. JOHN H. GRISCOM, of New York.

After a detailed exposition of the extent and amount in which this substance is found in the various tissues, fluids, secretions, and excretions of the body; there being scarcely one in which it is not a constituent, whereby its importance is properly inferred—the practical application was made of the influence of a deficiency of phosphorus in a variety of diseases of the osseous, nervous, muscular, digestive, and respiratory organs. Scurvy, resulting from too free use of salted food, was shown to be probably due to the loss of the phosphates, which LIEBIG has proved to be removed by the salt, and is found in the brine. Fresh meat, as well as fresh vegetables, proves to be an anti-scorbutic, doubtless in both cases on account of the phosphoric acid. It was further shown that modern modes of preparing food of several kinds deprived it of this element to a large extent, to which many evil results are attributable. Especially is this the case with that "life-preserver of the world"—the wheat grain. By the bolting process, 1400 per cent. of this element is lost. Several specimens of *Farina Cocido*, or roasted wheat, as extensively used in South America, were presented to the section and highly commended as substitutes for superfine flour, retaining as they do, all the phosphatic matter of the grain. The paper elicited many favorable remarks, and was unanimously recommended to the Association for publication in the Transactions.

#### Treatment of Nasal Polypi by Bichromate of Potash.

Dr. FRÉDÉRICQ states, in a communication to the Society of Medicine in Ghent, that he has successfully treated twenty cases of nasal polypus by means of bichromate of potash. A saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus within reach, care being taken to avoid the neighboring tissues. The operation may be repeated several times. It does not generally produce distress or pain; but, at the end of

about three or four days the polypus becomes the seat of a kind of inflammation which extends sometimes to the nose. It swells up, and a watery and slightly acrid fluid often flows from the part. This inflammation, however, need not give rise to alarm; it never lasts above two days. When the irritation has gone off the polypus will be found to have partially or entirely disappeared. When the first signs of inflammation appear, the application is suspended, and is repeated when the irritation has ceased. It is not uncommon to find polypi cured in five or six days after a single application. Relapses are rare after treatment by bichromate of potash, in polypi as well as in syphilitic vegetations. The cases treated occurred in females, most of whom had passed their fiftieth year. The tumors varied in number, size, and shape; all were mucous except one, which was fibrous, and which did not appear to be radically cured. *British Med. Journal.*

**The Acorus Calamus as a Preventive of Insect Depredations.**

Dr. SCHULTZ observes that much use was made by the older naturalist travellers in the East of the powder of the root of *Acorus Calamus* as a preservative against insects, and that he has found it of the highest utility for the protection of herbaria against the ravages of the *Anobium pannicum*. Some of the powder is to be occasionally strewed over the plants, and this insect, beetles, etc., at once desert the spot wherever its smell is perceptible. For the same reason it is a valuable means of preserving zoological collections from insect depredations.

**Aqueous Extract of the Liver of the Cod.**

M. DESPINOT, of Lille, while examining the fluid which escaped during the fermentation of the cod-liver in the preparation of the oil, found it richer in peculiar properties of the oil than is the oil itself.

The *Bull. de Therap.* farther states that he prepared an extract from the fluid in order that it might be administered in the form of pills. M. DEVERGNE recently reported to the Academy on the results obtained by several trials of these made in the Paris hospitals. It was found that when the pills were given in great doses they caused anorexia, but given to young scrofulous subjects in moderate and prolonged doses, they improved the assimilatory powers very much, as is done by small doses of cod-liver oil; but in regard to their ultimate effect upon the special symptom they were found very inferior in efficacy to the oil. Still, as a remedy in cases in which the cod-liver oil cannot be borne, in examples of chlorosis, anaemia, indigestion, and commencing phthisis, they may prove of great utility, it always being remembered that the same amount of therapeutical results is not to be obtained as from the oil. The mean dose of the pills is four per diem, commencing with one night and morning. M. DESPINOT's researches prove that the peculiar active principle of cod-

liver oil has yet to be sought for, as, while the watery extract is of less therapeutical power, it is richer in its proportions of propylamine, ichthyoglycene, iodine, phosphorus, etc.

**Powdered Alum in Chronic Catarrh of the Auditory Meatus and Tympanum.**

According to the statement of M. HIMLIN in the *Medical Times and Gazette*, the application of powdered alum by insufflation will be found very effective in certain forms of chronic catarrhal inflammation of the meatus and tympanum which are otherwise often tedious in yielding to treatment. When there exists a red and granular condition of the membrana tympani, with or without the minute polypi, such as often last from childhood to an advanced period of life, the use of the remedy will be especially suitable after all the more acute symptoms having subsided. The alum is readily introduced by a moistened camel's hair brush, or it may be blown into the meatus through a piece of india-rubber tubing. The ear should always be gently syringed out with tepid water before using the powder. A few ineffectual applications will usually remove the unhealthy condition of the membrana, after which the discharge dependent upon it will subside. Unless other lesions are present the hearing will still gradually improve.

**Substernal Tenderness a Diagnostic Sign of Acquired Syphilitic Taint.**

The *Edinburgh Medical Journal* contains an abstract of a paper by Mr. BRODERICK of Madras, who says, "Substernal tenderness can only be detected by pressure over the bone and when searching for it formerly, I used to carefully knead the bone with the fore and middle fingers, from the manubrium to the xiphoid cartilage. In a case of suspected constitutional syphilis, if the patient asked if he had pain in his breast bone, he will probably answer in the negative. The medical man should then knead the sternum carefully and gently along the whole of its course, and the tender spot will generally be found at the commencement of the lower third." With much practice and observation he frequently succeeds in touching the spot at once, much to the surprise of the patient who often is not previously aware of the existence of this tenderness." Dr. BRODERICK further states, "if the substernal tenderness be found, I believe we are quite safe in assuming that the subject of it labors under acquired venereal taint, which may have been masked by divers symptoms and be quite unsuspected both by patient and surgeon." In suspected cases look for them for the tenderness which usually will be found at the commencement of the lower third occasionally in the upper third and very seldom in the intermediate space.

**Inflation of the Tympanum in some forms of Deafness.**

It will be remembered Mr. TOYNBEE has demonstrated that naturally the eustachian tube is

collapsed, but during the act of deglutition, it is opened by the tensor and levator palati muscles. This suggested to POLITZER, of Vienna, the idea of introducing air with moderate pressure into the nostrils during the act of swallowing, the nostrils being at the same time closed. Mr. HINTON commenting upon the procedure in the *Medical Times and Gazette*, remarks that in certain forms of deafness consequent upon obstruction of the eustachian tubes from thickening of the mucous membrane or accumulation of mucus; the method proposed is found a very efficient means of overcoming any resistance which might exist in the internal auditory passages. POLITZER accomplishes it by using an india-rubber bottle to which is attached a portion of flexible bougie, instead of the ordinary nozzle. This being introduced into the nose and the nostril firmly closed over it, the patient after moistening his mouth with water is told to swallow, at the same time the surgeon compresses the bottle. Air seldom fails to enter the tympanum through the eustachian tube whose walls are dilated by the action of the tensor and levator palati in the effort of swallowing; and its effect may be seen upon the membrana tympani through the speculum. Mr. HINTON finds that a simple piece of india-rubber tubing answers every purpose. One end of the tube is introduced into the nose of the patient while the nostril is firmly closed over it; the other is placed in the mouth of the surgeon, who blows through it while the patient swallows. The method is as efficient as catheterism; at the same time it will be seen that it is free from many of the objections against the introduction of the eustachian catheter.

## Reviews and Book Notices.

**A Handbook of Uterine Therapeutics.** By EDWARD JOHN TILT, M. D., Mem. Royal College Physicians, &c., &c., &c. New York: William Wood & Co., 1864. 8vo, pp. 280.

A work with the above title is not without interest to the general practitioner, but to one who occupies himself with Diseases of Women as a specialty, it becomes doubly attractive; and inasmuch as vast progress has of late been made in this branch of practice, the mind seizes with avidity upon everything new, especially when offered under the garb of practical observations.

In his preface, our author says much which is worthy of note. Of the great degree of ignorance, which prevails among medical men on these subjects, he is plainly outspoken and does not hesitate to charge the blame where it most assuredly belongs, "to the great want of clinical teaching felt at most of our schools. \* \* \* \* Without proper clinical teaching, books confuse and are liable to be misunderstood, and it is only after the experience of actual practice that their real value is dis-

covered, and the assistance they offer is appreciated." Of the elements of success in the young practitioner Dr. TILT considers it essential that woman should be made the study of one's life that their mental as well as their physiological peculiarities should be thoroughly understood. Superadded to the qualifications which such study would confer, he affirms that virtue, firmness with gentleness, refinement of dress, manner and conversation are some of the more important prerequisites of one who would succeed in this branch of practice.

Upon the subject of inspiring confidence in the mind of the patient, Dr. TILT's views are worthy of consideration, he says: "An eminent consulting surgeon now making a large fortune, assures me that a solemn oracular manner and monosyllabic answers, makes most impression on his patients. Much as I value his friendship, I differ from his opinion; I believe that a minute and logical investigation of the facts of the case is the safest plan, and that the best way of convincing a patient that one is master of the case, is to take the trouble of explaining it to herself, so that she may leave the consulting room convinced that her complaint has been better understood than heretofore, and by one who is anxious to cure her: which places her in the best frame of mind to derive the greatest amount of benefit from his treatment."

Upon the vexed question of whether a patient should be examined with or without the presence of a third party, Dr. TILT is the first to record an opinion which, while it pays a proper compliment to the character of true woman cannot by any possibility reflect an injury upon the *true man*. He says, "It is often said and sometimes written that for our own protection, we should never examine a patient without the presence of a third party. I have taken a different estimate of woman's sense of honor, and I have never had to repent of trusting her during a long course of practice. The amount of confidence shown to the profession by women, in this respect, varies extremely; but I may safely say it is greatest in proportion to their rank and mental culture; for while the lower orders have not this delicate perception of implicitly trusting us, the higher feel, in general, that it is quite bad enough to submit to such an extremity without having the additional annoyance of its being witnessed, even by a mother. The best plan, therefore, is to let patients do just as they like, without objecting to or requiring the presence of a third party."

The principal part of the work is divided into thirteen chapters, discussing successively, uterine dietetics, antiphlogistic treatment, sedatives, caustics, tonics, haemostatics, emmenagogues, specific treatment, uterine orthopaedics, treatment of uterine complications, treatment of sterility, prevention of uterine inflammation, influence of India on the treatment of uterine inflammation, with the addition of a formulary.

The chapter on uterine dietetics contains much of interest and instruction. The subjects of rest, exercise, and diet, are thoroughly discussed. Coming to speak of stimulants, our author refers to the disposition of each practitioner to recommend that beverage which he himself likes: thus, in his own words, "Dr. BENNET recommends claret; I advise sherry." It would appear from this that our author fell into the same error for which he censured others. Local treatment receives a share of attention and in speaking of vaginal injections Dr. TILT is the first to impress upon practitioners the importance of not only recommending a useful instrument—which is, of course, a vulcanized india-rubber syphon or suction syringe—but he also dwells emphatically upon the importance of thoroughly explaining its objects and mode of use. The subject of the bath has also received from Dr. TILT a very complete justification, and much that he says in regard to the application of the bath in nervous affections, may be read with profit by general practitioners.

In the chapter on antiphlogistic treatment, bleeding, leeching, scarifying, purging, and the use of alterative and fluidifiant medicines are fully discussed. In this connection the action of alkalies is interesting and according to the theory of Drs. PARKES and CHAMBERS has a most potent influence, which it exerts in different manners, according as it is taken before or after meals. Counter-irritants, setons, and issues are justly valued, but the employment of blisters to the cervix uteri by means of the cantharidal collodion is defended by an elaborate quotation from Dr. JOHNS as follows:

"1st. That minor idiopathic affections of the uterus and ovaria are curable by blistering the cervix uteri.

"2d. That symptomatic and sympathetic pains at the decline of uterine and ovarian diseases, and after the cure of those affections, are removable thereby.

"3d. That ulceration of the cervix uteri sometimes quickly cicatrizes under this treatment.

"4th. That the phenomena attendant and consequent on blistering the cervix uteri, are similar to those produced on other parts of the body.

"5th. That it is an operation completely devoid of danger, and that it does not cause any unpleasant symptom toward the rectum uterus or other neighboring organs.

"6th. That irritation of the bladder is not necessarily a barrier to blistering the cervix uteri, as this unpleasant symptom is sometimes removed by it.

"7th. That enlargement of the cervix or body of the uterus from engorgement or hypertrophy, is not removable by blistering the cervix alone, but that it acts well sometimes in such cases as an adjuvant to other treatment.

"8th. That the best and most speedy way of blistering the cervix uteri, is by a strong solution of cantharides, well and quickly rubbed in with a camel's hair pencil.

"9th. That the combination of some sedative or anodyne with the blistering fluid, is essential to prevent pain.

"10. That chloroform, with gutta percha is preferable to any other medicament for combining with this blistering fluid, as, in the first instance, it increases its vesicating power, and afterwards removes pain."

The chapter on sedatives is most complete, exhausting as much as is possible in a work of this kind, this very important subject. Of the use of caustics Dr. TILT has certainly given by far the most elaborate descriptions extant. Concerning the range of utility of nitrate of silver, he says, "Chronic uterine catarrh or inflammation of the mucous membrane lining the neck of the womb, which pours out mucus from its innumerable follicles, seems to me the most frequent uterine disease, and the fruitful mother of many other diseases of the womb. Painting this diseased surface with a solution of nitrate of silver, forty grains to the ounce, every third day during two intermenstrual periods, will frequently cure the complaint; but it has often lasted for years, and will not yield to mild measures. The free use of the solid stick is then advisable and I have sometimes left the eighth of an inch of the caustic in the cervical canal; so far, therefore, as my experience goes, should the stick accidentally break in the cervical canal it need give no alarm. What cannot be removed will cause more pain, some loss of blood, and perhaps even a return of menstruation; but the patient may be repaid for greater suffering by a speedier cure. It has been stated by NONAT that this mode of treatment has caused stricture of the uterine canal in his practice and in that of RICHEZ. I have once met with this accident. Its occurrence would be prevented by the occasional passage of the uterine sound for a few weeks after this application.

As with the mucous membrane lining the cervix, so with that covering the neck of the womb; it may be of a dusky or of a livid hue, very sensitive on being touched, and secrete pus without there being the slightest abrasion. This condition may last for years, being sometimes better or worse; but it generally leads to more or less extensive denudation of the villi, which gives an excoriated appearance to the lips of the womb, and these exulcerations, if numerous, may coalesce and become ulcerations. Such morbid conditions of the mucous membrane, with or without excoriation, can be cured by the application of a solution of nitrate of silver every third or fourth day. Mr. HIGGINBOTTOM, whose statements with respect to the action of silver deserve the highest consideration, affirms that its action does not extend beyond three days after its application; it is generally necessary to repeat the use of this agent so soon as the epithelial pellicle has fallen off, or every third or fourth day. In many instances, this is the best way of insuring a rapid recovery; but I do not recommend too strict an adherence to this precept, as it is often well to leave five, six, or seven days' interval between the applications, or the cure of the case might be retarded."

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 24, 1864.

## A BREVET WORTHILY BESTOWED.

It is with great pleasure that we announce that Surgeon RICHARD S. SATTERLEE, Medical Purveyor, U. S. A., for the past ten years located in the city of New York, who ranked as Major, has, after receiving the brevets of Lieutenant-Colonel and Colonel, finally received that of Brigadier General, dating from September 2d. These honors, which are very worthily bestowed, have, as officially stated, been conferred "for diligent care and attention in procuring proper army supplies as Medical Purveyor, and for economy and fidelity in the disbursement of large sums of money."

General SATTERLEE entered the army in 1822, and has been in the service ever since. Since the rebellion broke out in 1861, his duties have been arduous and responsible.

The General comes from good stock, his father being amongst the first to volunteer in the Revolution; he was subsequently captain in the First Regular Regiment of the United States, (HAZAN's Legion) was in many of the trying ordeals of those days, and died of a wound received at the battle of the Brandywine.

Honors of this kind are so sparingly conferred on our profession, that this evidence of appreciation will be received with gratitude by the medical corps of the army, than whom there is not a more faithful and able corps in the service of the Government.

There are others of the older army surgeons who by their long, arduous and faithful labors have well earned increased rank, and we trust that it will be bestowed.

## NEW MEDICAL COLLEGE IN CLEVELAND, OHIO.

We have received the circular of the Charity Hospital Medical College of Cleveland, Ohio. This is a new institution, and so far as we are informed, the only one now in Cleveland, and is founded on the only true basis for a medical college, viz: connection with a bona fide hospital. Practical demonstrative instruction at the bedside of the sick as a part of medical teaching is growing in favor, and will, ere long, be demanded of all our medical colleges. The basis of this college is St. Vincent's Hospital, a new institution nearly completed, to open with one

hundred and twenty-five beds. The United States Marine Hospital will also be open to students.

Another feature of this college, intended to make it popular with the profession, and insure thoroughness in its course of instruction is the appointment of a Board of Councillors and Censors, from the ranks of the profession in different sections of Ohio and other States. The examinations will be conducted in the presence of the Board of Censors, and upon their recommendation only will the degree be conferred by the Board of Councillors. In this way a direct responsibility to the great medical body of the country is proposed to be established.

While neither of these features are new, they too often exist but in name. We hope that the Charity Hospital Medical College will carry them both out in good faith, and thereby elevate the literary and professional qualifications of their graduates and bestow their diplomas, "only upon gentlemen worthy the confidence of the public, and fit to become members of the great professional brotherhood of our land."

In the faculty are some names well known to the readers of the REPORTER. Among these are A. P. DUTCHER, M. D., late of Enon Valley, Lawrence Co., Pa., whose practical contributions on phthisis pulmonalis have attracted much attention in this country, and been translated and published abroad. Dr. METZ, formerly of Massillon, Ohio, has often furnished contributions to our pages. Dr. GUSTAV C. E. WEBER, a well-known surgical writer is Dean of the faculty.

## Notes and Comments.

## A New Ambulance.

Assistant Surgeon HOWARD, U. S. A., has prepared a model of a new ambulance, combining many and important advantages and conveniences not possessed by any form of ambulance in use hitherto, yet having the merit of extreme simplicity and not being liable to get out of repair.

## Chances for Practice.

We would call the attention of our readers to the notices that appear from time to time in our Real Estate column, offering property and good will of practice for sale. This number contains several such notices that offer strong induce-

ments to those desirous of securing good locations.

We would call special attention to one offering a property and six acres of land within fifty miles northward of this city, a photograph of which is to be seen at our office, also to Dr. SHOEMAKER's, both of whom have large established practices. The one offering at York Springs, Adams Co., Pa., is in an excellent farming country, and the offer is exceedingly low. A surgeon of some experience, could not do better than purchase the property advertised in the city of 75,000 inhabitants. Few such opportunities offer.

#### Kolbe's Artificial Arm.

A Board of Medical Officers was recently convened in the city of New York for the purpose of examining Artificial Limbs. On their recommendation, Dr. D. W. KOLBÉ, Surgical Instrument and Artificial Limb Maker of this city, was authorized to furnish his arm to mutilated soldiers upon the order of the Medical Director of a Department.

Mr. KOLBÉ claims for this arm, 1st. Its combination of a dress and stump arm; 2nd. The removability of the hand and the facility for using any kind of tool or implement, which is attached, by an ingenious contrivance to the stump; 3d. Being constructed of steel it is free from liability to atmospheric changes, and has the advantage of durability and freedom of motion; 4th. Its strength and the flexibility of all the fingers and thumb; 5th. Its lightness, the whole hand and arm not weighing more than one pound and six ounces.

We have inspected this ingenious contrivance, and it seems to possess all the qualities that Mr. KOLBÉ claims for it.

#### The Discovery of Anæsthesia.

The following we copy from the *San Francisco Medical Press*. On one point our confrere is entirely in error, and that is in assuming that WELLS had abandoned his investigations into the subject of anæsthetics: on the contrary he was experimenting with various anæsthetic agents when his untimely death took place. Long before Dr. JACKSON suggested the use of ether to MORTON, WELLS had experimented with it, though he preferred the nitrous oxyd, as many do now. His enthusiasm on the subject cost poor WELLS his life. He first discovered the use of anæsthetics in surgery and pursued

his investigations as long as he lived. MORTON's efforts to deprive him of the honor, and his family of any emolument arising from the discovery, are meeting with signal failure. He has most effectually secured the contempt of the medical profession, many of whom he for a time deceived.

"The discovery of anæsthesia is still a question in dispute, JACKSON, MORTON, and WELLS all laying claim to the honor. As far as we can judge they are all entitled to credit. WELLS discovered the anæsthetic power of nitrous oxyd gas, and in Hartford, Conn., applied it in the removal of decayed teeth, nearly two years before ether was so applied in Boston. MORTON was a partner of WELLS in Hartford, and doubtless derived from him the idea. He applied to JACKSON, who was well known as a chemist, to make him some nitrous oxyd gas, and JACKSON proposed to him ether as a substitute. On this hint MORTON tried the ether with success. The priority in regard to the discovery of anæsthesia belongs to WELLS, without whose agency neither of the other claimants would have been known to fame. The name of WELLS would have been forgotten, if the experiments commenced by him had not been taken up by others. The idea of ether in this connection would have slumbered quietly in the brain of JACKSON, if MORTON had not turned it to practical account. And MORTON would have lived and died plugging the grinders of the first families of Boston, had not the potent idea been conceived in the head of another. It is the old quarrel of Head, Hands, and Belly."

At the late meeting of the American Dental Association, at Niagara, the following resolution, introduced by Dr. WETHERBIE, of Boston, and seconded by Dr. JAMES McMANUS, of Hartford, Conn., passed unanimously:

*"Resolved*, by the American Dental Association, That to HORACE WELLS, of Hartford, Conn., now deceased, belongs the credit and honor of the introduction of anæsthetics in the United States of America; and we firmly protest against the injustice done to the truth and memory of HORACE WELLS in the effort made during a series of years, and especially at the last session of Congress to award the credit to other person or persons."

The above resolution does not do full justice to the case. To HORACE WELLS belongs the honor of the application of Anæsthesia to surgical operations, not in the United States of America simply, but in the world.

## Correspondence.

### FOREIGN.

LETTERS FROM DR. W. N. COTÉ.  
PARIS, June 28, 1864.

#### Albuminuria.

In albuminuria the urine is of a very low specific gravity never exceeding 1012, and sometimes falling as low as 1004, whilst the specific gravity of healthy urine is about 1015, and in diabetes melitus it often rises to 1040. This unnaturally low density of the urine in albuminuria shows that the other ingredients proper to healthy urine, such as urea and salts, are preternaturally diminished in quantity. Whilst the solid contents of healthy urine amount to about seventy parts in a thousand, in albuminuria they are often reduced to twelve, and have been met with even lower than this. Various methods of treatment have been resorted to for diminishing the quantity of albumen, an animal principle which is a great agent in nutrition and not an excrementitious product, and increasing the quantity of urea and salts which should be eliminated from the body. Mercury has been employed, but opinions vary as to the propriety of using it in the granular degeneration of the kidney, and although instances of recovery are recorded after severe salivation, the general impression is, that the mercurial influence is prejudicial rather than salutary. The tension of vessels is often relieved by cupping-glasses and the secretions of the skin much promoted by the use of warm baths and diaphoretics, whilst purgation and diuretics have been employed for removing as far as possible the dropsical accumulation. A physician of this city, Dr. NAMIAS, has lately had recourse to electricity in the treatment of this disease, and he has obtained very hopeful results from its application. This agent has, it appears, the property of increasing the quantity of urea in the urine. Whether it does so directly by acting on the urea itself, or indirectly by invigorating the whole economy has not yet been ascertained. I confine myself to stating the fact without commentary. It would be well could experiments be made with this powerful remedy in order to show its real value in the treatment of albuminuria.

#### Variations of the Pulse in Lying-in Women.

In lying-in women enjoying good health, a slackening of the pulse is usually met with. The frequency of this phenomenon necessarily varies

according to the sanitary condition of the economy. It does not depend upon any particular condition of some females, some of whom may have a quick pulse and others a slow pulse. According to Dr. BLOT it is a general fact in relation with the depletion of the uterus. The degree of relaxation may vary considerably, it most usually oscillates between 44 to 60 pulsations. In one case the pulse fell as low as 35. The alimentary regimen seems to have no influence whatever on this phenomenon. It is more frequently met with in multiparous women than in primiparous ones, a fact which finds its explanation in the greater frequency of puerperal accidents in the latter class. The duration of the relaxation varies from a few hours to ten or twelve days. As a general rule the greater the relaxation the longer it lasts. The progress of this relaxation of the pulse is usually the same, it begins within twenty-four hours after the delivery, goes on increasing, remains stationary, and then disappears by degrees. It has often been seen to persist during the period so generally and yet improperly denominated as milk fever. This anomalous condition of the pulse seems to exert no very marked influence on the general state of the economy although it may be considered as a very favorable symptom since it is met with only in healthy women. In an hospital its frequency indicates an excellent sanitary condition; its variety, on the contrary, must give reason to fear the near approach of some epidemic. As to its cause it should not be sought in a kind of nervous exhaustion. The sphygmographic researches made with the help of M. MAREZ, show in a manifest manner that it is in relation with an increase of arterial tension after delivery.

#### Treatment of Epilepsy.

Dr. BROWN SÉQUARD, author of a number of fine works most of which have been published in France, has shown the influence exercised by reflex action on paralysis and convulsions. For many years past he has endeavored to arrest epileptic fits, either by directly treating the part from whence proceeded the *aura*, or by interrupting the transmission of the convulsive starts by means of a ligature which the patient promptly tightens the moment he feels the sensation marking the invasion of the fits. By employing this mode of treatment Dr. BROWN SÉQUARD has been enabled to operate some remarkable cures.

#### Rubeola.

Rubeola has been long since known in Germany under the name of *Roetheln*. It was pointed out

for the first time in France, in 1574, by BAILLOU. It has been observed under an epidemical form in Alsace, by MATTHIEU; in Haute Saxe, by ZEIGLER; at Groningue, by GEERTSEMA. During an epidemic of scarlatina, which raged from 1838 to 1840 at Strasbourg, Dr. STOEBER observed several cases of this disease, and gave it the name of *scarlatine rubeoleuse*. Dr. BARTHEZ and RILLIET, in their work on diseases of children have met both with scarlatina and measles in seven cases. In his *Traité de Pathologie* Dr. GINTRAC, of Bordeaux, devotes a special chapter to the study of this disease and publishes five well detailed cases of it. Rubeola, according to our author, may be considered as having an existence of its own, and deserves a place apart in the pathology of the skin.

#### Osteogenesis.

Dr. BRUCH, of Germany, has communicated to the Academy of Sciences the results of his researches on osteogenesis. The main conclusion our author derives from his study of this subject is as follows: "I consider it incontestable that the osseous tissue in all classes of vertebræ, is formed by *epigenesis*, that is, by successive layers which are of an osseous nature from their beginning, either at the external or internal part of the cartilages. The pretended ossification of the cartilage never produces bone, it is always cartilage impregnated with calcareous substances, the cellules of which always maintain the same form, and are never transformed into anastomotic radiary osseous corpuscles.

#### Acetate of Potash in Urethral Blenorragia.

Dr. AMBROSALE, of Italy, is much against the use of acetate of potassa in the treatment of urethral blenorragia. Administered in heavy doses it cures acute and subacute blenorragic urethritis, but exercises no influence whatever on the other kinds of blenorragia. In order to obtain satisfactory results 100 grammes need be taken and even more. The injections made with a saturated solution of this salt modify the mucous coats and arrest the progress of the morbid secretion, but they act with slowness, so that they should not be preferred to those of sulphate of zinc, tannin, alum, etc. Even at high doses the acetate of potassa is well borne by the stomach, and only brings about an abundant secretion of urine. Owing to the slowness with which it acts, this salt cannot replace the balsamic substances nor the ordinary injections, nor again the means called abortive. It should be prescribed only to patients who cannot bear

balsam or refuse to take injections. Whether employed internally or under the form of injections, acetate of potassa has no effect on chronic inflammations of the urethra. The action of this salt is purely topical and diuretic.

#### Nitrate of Silver in Paraplegia.

Dr. BOUCHUT, physician of the Hôpital St. Eugénie, recommends nitrate of silver against the essential paraplegia so often met with in children. He relates several cases in which this remedy has been used with the greatest success. His plan consists in administering at first one centigramme of nitrate of silver, divided into two pills, one in the morning and the other in the evening. The dose may be increased until a notable amelioration takes place. It is probable that the cases of paralysis adverted to by Dr. BOUCHUT would have been cured by themselves. Still it must be admitted that all means, except the nitrate of silver, have hitherto proved very unsatisfactory.

W. N. CÔTE.

#### DOMESTIC.

**The Arteria Innominata Successfully Tied.**  
EDITOR MEDICAL AND SURGICAL REPORTER:—

Dr. A. W. STEWART, of New Orleans, assisted by the eminent Dr. DAVID L. ROGERS, has succeeded in performing one of the most astounding feats in surgery, namely the successful ligation of the arteria innominata. The operation was undertaken in July, and the patient is now well and a monument to the fame of Dr. MORR's prediction, that it could and would be done. Besides tying this artery, the surgeons also ligated the right carotid and the right vertebral arteries to prevent the copious flow of blood arising from its return and pushing power. At one time the wound began to bleed rather profusely, but on plugging it up with shot, that evil was overcome.

Dr. MORR may now rest on his laurels, and write *Q. E. D.* as an additional title to his name. There have been surgeons mean enough to assert that they did not believe it ever was tied or could be, others again who maintained that it could produce no benefit whatever. How small by degrees and beautifully less will they become as year after year the professor's remarks and thoughtful predictions become verified! What a genial glow must be produced by the plaudits of well-merited honor!

NEW YORK, Sept., 1864.

S. W. F.

## News and Miscellany.

### Specialties.

The question of specialties has nearly found its level in this country, and has been settled by admitting them in the bosom of the hospitals and centres of instruction, where they can serve purposes of progress and education within salutary limits and subject to the regulations of the general body. Left to themselves they grow rank and overrun the place in lawless outgrowths. In America the professors of specialties have adopted the fashion of advertising. Thus we read that "Dr. ELSBERG, Lecturer on the Laryngoscope and Diseases of the Larynx and Throat in the University of New York, devotes himself specially to the treatment of disease of the larynx and neighboring organs—office hours from four to six P. M.;" which announcement, with others similar to it, appears in large capitals, variously spaced, in the advertising columns of the principal weekly periodicals of America. Here there could not be any difference of opinion about the exceedingly gross impropriety of such a proceeding. However, various standards rule in different countries, and possibly the American profession may find as much reason to wonder at irregularities that we tolerate, as we do at the lax proceedings which their professional code admits.

The extent to which this system of open puffing has reached in the advertising columns of the journals, has led however, to the following result. At a regular meeting of the New York County Medical Society, held on the 4th of January, 1864, the subjoined resolutions were passed:

"Resolved, That in view of the unsettled state of opinion amongst medical practitioners concerning the propriety of advertising 'specialties' in medical and other journals, the delegates of the Society be instructed to bring this subject before the Medical Society of the State of New York at its next meeting, with the view to the establishment of some definite regulations concerning it."

In consequence of which a committee was appointed to prepare a report on the subject by the State Society, and the committee, which included the honored name of Dr. BRINSMADE, on a subsequent day presented the following report and resolutions:

"The undersigned appointed a special committee to report upon a resolution passed by the

Medical Society of the County of New York in relation to the propriety of medical practitioners advertising their 'specialties' in medical or other journals, and referred to this Society for decision, beg leave to offer the following resolutions:

"Resolved, That in the opinion of this Society it is impossible to define the limits of advertising 'medical Specialties,' either in medical or other journals.

"Resolved, That advertisements indicating location and residence are the utmost limits of self-announcement consistent with professional dignity; and that all references to special branches of medical practice, as extra inducements to patronage, should be deemed violations of the code of medical ethics.

"Resolved, That hereafter any medical practitioner so offending shall be deemed disqualified as a delegate to, or for membership of this Society; and if already a delegate to or member thereof, shall be deemed a fit subject for discipline.

"Resolved, That this Society recommends all medical societies in the State of New York to adopt the foregoing resolutions to establish the true dignity of our profession.

"Resolved, That the foregoing resolutions be transmitted to the American Medical Association at its next annual meeting as any expression of the opinion of the medical societies of the State of New York, and that for this purpose a Committee of presentation be appointed.

(Signed) THOMAS C. BRINSMADE,  
HOWARD TOWNSEND,  
GUIDO FURMAN."

The report was accepted; and, on the motion of Dr. JENKINS, the subject was made the special order for the second day of the next annual meeting.

Thus the specialties receive a check; but the admission is made that advertisements indicating location and residence are consistent with professional dignity—a proposition which it seems to us very difficult to maintain, and which would assuredly be rejected with unanimity by any English Society. So far as they go, these resolutions are of good effect; but we could desire, in the common interests of professional dignity, that they should go further.—*London Lancet.*

### Surgeons in Captivity.

The following is from the *Richmond Dispatch* of a recent date:

"The following officers, captured at Tupelo, Mississippi, some time since, were brought to this city yesterday, and committed to the Libby

prison: Surgeon J. L. F. GARRISON, Fiftieth Indiana; Assistant Surgeon H. C. COOPER, One-Hundred-and-Seventy-eighth New York; Assistant Surgeon JOHN LITTLE, Twenty-fourth Missouri; and Acting Assistant Surgeon R. P. KENDLE, United States Army."

**Sudden Death in Contusions and Fractures from Pulmonary Emboli.**

The *Med. Times and Gazette* contains an abstract from a paper, by M. AZAN, before the Academy of Medicine, wherein the following conclusions were reached: 1. Fractures and contusions may give rise to sudden death through pulmonary embolism. 2. The emboli originate in a thrombosis of the veins of the injured region, itself due to the absorption of effused blood. 5. These thromboses, or the phlebitis which precede them, are generally latent, and are of more common occurrence than would at first sight be supposed. 4. The explorations by means of the finger of the track of the veins can alone demonstrate their existence. 5. Sudden pulmonary accidents, as dyspnea, haemoptysis, precordial pain, syncope, etc., indications of the presence of an embolic coagulum of varying size, may direct the attention of the surgeon to the phlebitis. 6. In venous thrombosis the coagula are more or less adherent, and the plasticity of the blood is proportionate to the solidity of the adhesions. Fractures compelling repose are unfavorable to plasticity. 7. The various movements of the parts, and the application of apparatus, may favor the detachment of the coagula. 8. The surgeon should investigate whether, from the fifteenth day, in cases of fracture and contusion, latent phlebitis does not exist. 9. If this is discovered, rest, antiphlogistics, and an alkaline treatment are indicated.

**Fibrinous Coagula of the Heart.**

At a recent meeting of the London Pathological Society, Dr. OGLE presented a number of specimens illustrating the formation of fibrinous coagula in the cavities of the heart, at a long period before death. Most of these had undergone considerable softening, the centre of some of them consisting of a puriform fluid, bounded by a firm, smoothish surface like the walls of an abscess. Their firmness, color, adherence to the walls of the heart, and changes taking place with them seemed to afford conclusive evidence of their formation having occurred some time before death. As the increased frequency of the heart's action in inflammatory affections prevents the formation of these coagula, it has been suggested that a too liberal use of arterial sedatives may have the effect to favor their formation.

## Army and Navy News.

### ARMY.

#### Compilation of Military Laws.

**Female Nurses:** The nurses so employed [in general or permanent hospitals] to receive forty cents a day, and one ration in kind, or commutation in lieu of all enrollments except transportation in kind. *Sec. 6, August 3, 1861. Chap. 42.*

**Medical Cadets.** [The pay of] shall be thirty dollars per month. \* \* \* And all medical cadets in the service shall, in addition to their pay, receive one ration per day, either in kind, or commutation. *Sec. 1, April 16, 1862, Chap. 55.*

**Veterinary Surgeons.** Compensation [of] shall be seventy-five dollars per month. *Sec. 37, March 3, 1863, Chap. 75.*

**ASSIGNMENTS.**—Surgeon J. R. McClure, U. S. V., as Examining Surgeon of recruits drafted men and substitutes, at Jackson, Mich.

Surgeon R. L. Stanford, U. S. V., member of Board for organizing Veteran Reserve Corps, Nashville, Tenn.

Surgeon A. J. Phelps, U. S. V., Examining Surgeon of Recruits, drafted men, and substitutes, Columbus, Ohio.

Surgeon John L. Teed, U. S. V., as Surgeon in charge, Webster Hospital, Memphis Tenn.

Ass't Surgeon F. McClintock, U. S. V., to St. Louis Hospital, New Orleans, La.

Surgeon J. W. Leete, U. S. V., as Medical Director, Army of West Virginia.

Surgeon J. K. Rogers, U. S. V., as member of Board to examine enlisted men in General Hospital in the State of Missouri, with a view to their return to duty.

Ass't Surgeon J. W. Hayward, U. S. V., to the 4th New Jersey Battery, Artillery Brigade 10th Corps.

Ass't Surgeon A. B. Prescott, U. S. V., as member of Board for examination of medical officers of Colored troops, Louisville, Ky.

Surgeon J. Y. Cantwell, U. S. V., attending surgeon, Hospital Transport *De Moley*.

Ass't Surgeon A. McMahon, Fort Parapet, Carrollton, La.

Surgeon C. O'Leary, U. S. V., as Surgeon in charge and Treasurer officers' hospital, Camac's Woods, Philadelphia, Pa.

Ass't Surgeon John F. Huber, U. S. V., Surgeon in charge, General Hospital, Hilton Head S. C.

Surgeon A. P. Dalrymple, U. S. V., Surgeon in charge, Hospital for prisoners of war, Beaufort, S. C.

Surgeon George Derby, U. S. V., Surgeon-in-chief 2d Division 5th Corps.

Surgeon J. Owen, U. S. V., Surgeon in charge, Hospital transport *Monitor*.

Surgeon F. S. Ainsworth, U. S. V., Surgeon-in-chief, 2d Division, 18th Corps.

Surgeon J. Seavrons, U. S. V., Post Surgeon, Fort Warren, Boston, Mass.

Surgeon S. J. W. Mintzer, U. S. V., Surgeon in charge, General Hospital, York, Penn.

Surgeon G. A. Wheeler, U. S. V., Surgeon in charge, Field Hospital, 3d Division, 9th Corps.

Ass't Surgeon J. S. Ely, U. S. V., to Hospital 5th Corps, City Point, Va.

Ass't Surgeon William Carroll, U. S. V., attending Surgeon, Engineer Battalion, Headquarters, Army of the Potomac.

Acting Ass't Surgeons G. L. Neal, J. W. Darby, and W. E. Rogers, U. S. A., to Clay General Hospital, Louisville, Ky.

**APPOINTMENTS.**—Surgeon William S. Tremaine, U. S. Colored troops, to be Assistant Surgeon, U. S. Volunteers.

Ass't Surgeon George A. Otis, U. S. V., to be Surgeon of Volunteers.

Thomas Kirkpatrick, of Penn., to be Chaplain at Haddington General Hospital, Philadelphia, Penn.

Private Frank White, 1st New Jersey Cavalry, to be Ass't Surgeon, 31st U. S. Colored troops.

Ass't Surgeons H. W. Davis, A. McMahon, and B. Durham, to be Surgeons of Volunteers.

I. C. Hugendobler, Surgeon 31st New York Vols., to be Ass't Surgeon of Volunteers.

### NAVY.

#### Regular Naval Orders.

**ORDERED.**—Ass't Surgeon Edward Kershner, to duty in the Mississippi Squadron.

Surgeon H. F. McSherry, to duty connected with recruiting in New Jersey.

Ass't Surgeon Edward B. Bingham, to the *Rhode Island*.

Surgeon G. R. B. Horner and Ass't Surgeon D. F. Ricketts to temporary Rendezvous duty in New York.

DETACHED.—Ass't Surgeon Henry C. Eckstein, from the *Wissahickon*, and ordered to the Naval Rendezvous, Phila.

Ass't Surgeon W. J. Simon, from the *Tunxis* and ordered to the *Sangamon*.

Ass't Surgeon D. McMurtrie, from the *Sangamon* and ordered North.

Ass't Surgeon Joseph Hagg, from the *Connecticut* and ordered to duty at the Naval Rendezvous, Brooklyn, New York.

Ass't Surgeon Henry Ackley from the Naval Rendezvous, Brooklyn, New York, and ordered to the receiving ship *Vermont*.

Surgeon William T. Hood, from duty connected with re-erecting in New Jersey, and ordered to duty at Naval Station, Cairo, Ill.

Surgeon John J. Abernethy, from the Naval Rendezvous, 14 State street, New York, and ordered to the receiving ship *North Carolina*.

Surgeon E. R. Darby, from the receiving ship *North Carolina*, and ordered to the Naval Rendezvous, 14 State street, New York.

#### Volunteer Naval Service.

ORDERED.—Act'g Ass't Surgeon Walter H. Wentworth, to the Mississippi Squadron.

Act'g Ass't Surgeon John E. Warner, to the *Connecticut*.

DETACHED.—Act'g Ass't Surgeon John R. Richardson, from the Washington Navy Yard, and ordered to the *Dai Ching*.

Act'g Ass't Surgeon Charles Gaylord, from the Washington Navy Yard, ordered to the *Chocura*.

Act'g Ass't Surgeon E. S. Perkins, from the *Princeton*, and ordered to the *Brandywine*.

APPOINTED.—Act'g Ass't Surgeon E. S. Perkins, ordered to the *Princeton*.

Act'g Ass't Surgeon Robert Stone, ordered to the *North Carolina*.

RESIGNED.—Act'g Ass't Surgeon B. J. Hershey, of the *Dai Ching*.

Act'g Ass't Surgeon Benjamin F. Hamell of the *Chocura*.

Act'g Ass't Surgeon John W. Langley of the *Vermont*.

#### ANSWERS TO CORRESPONDENTS.

Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

J. F. S., New York.—Veratrin, mailed you this day.

S. S. and R. S. W., Pennsylvania.—U. S. Pharmacopoeia, mailed you this day.

#### MARRIED.

McGOWAN—CHASE.—On Wednesday September 7th, at Zion Church, Palmyra, N. Y. by the Rev. John Leech, Lieut. Geo. McGowen, Seventh U. S. Infantry, and Julia Chase, daughter of Dr. Durfee Chase, of Palmyra.

PERRY—MARVIN.—On Tuesday evening, September 6th, at Bethesda Church, Saratoga Springs, by the Rev. F. C. Walwright, Dr. John L. Perry, Jr., and Virginia T., second daughter of the late Judge Marvin, all of Saratoga Springs.

STERLING—WILLOWER.—On Monday, Sept. 12th, at St. John's Church, New York, by the Rev. Dr. Richardson, Dr. H. H. Sterling, and Miss Georgie Willower, both of that city.

TEN BROEK—WOODBURY.—August 5th, at Grace Cathedral, San Francisco, Cal., by the Right Rev. Bishop Wm. Ingraham Kip, Surgeon P. G. S. Ten Broek, U. S. A., and Miss Mary O., eldest daughter of Wm. W. Woodbury, Esq., of Portland, Maine.

#### DIED.

ADEE.—On Friday September 9th, at Stamford, Connecticut, Amelia K., widow of the late Dr. Augustus A. Ade, U. S. Navy.

BAKER.—On Monday Sept. 5th, at Fort Reno, near Washington, D. C., of typhoid fever, Dr. L. F. Baker, Assistant-Surgeon Sixth New York Artillery, aged 30 years.

BUFFETT.—On Wednesday, Sept. 14th, at Bergen N. J., Catharine L., wife of Edward P. Buffet, M. D., and daughter of Walter M. Smith, Esq., of New York, aged 24 years.

CARPENTER.—On Tuesday, Sept. 13th, at New Utrecht L. I., John Carpenter M. D., in the 74th year of his age.

ELLIOT.—On Thursday, Sept. 8th, in New York, of typhoid fever, Jeannie Duncan, eldest child of Dr. George T., and Sallie Duncan Elliot, aged 4 years, 11 months and 2 days.

KINGSLAY.—On Wednesday, September 7th, at Johnson, Vt. Harry Norman, only child of Dr. N. W. (Dentist,) and Alma W. Kingsley, of New York.

STEWART.—On Monday, Sept. 12th, at Rye, Westchester Co. at the residence of his brother-in-law, Henry Brevoort, Esq., Dr. James Stewart, of New York.

WILSON.—On Friday, Sept. 9th, in New York Jane Hopper, wife of Dr. George Wilson, in the 38th year of her age.

#### METEOROLOGY.

Sept.	12.	13.	14.	15.	16.	17.	18.
Wind.....	E.	N. W.	S. W.	N. W.	N. W.	S. W.	S. W.
Weather ...	Cl'dy.	Clear.	Cl'dy.	Clear.	Clear.	Clear.	Sh'er.
Depth Rain...		1-10					2-10
<i>Thermometer</i>							
Minimum.....	48°	48°	49°	54°	51°	50°	55°
At 8 A. M. ....	56	57	59	63	60	60	67
At 12 M. ....	60	58	65	71	67	68	74
At 3 P. M. ....	60	58	64	71	68	69	72
Mean.....	56	55.25	59.25	64.75	61.50	61.75	67
<i>Barometer</i>							
At 12 M. ....	29.9	29.8	29.9	29.9	30	30.1	30

Germantown, Pa.

B. J. LEEDOM.

#### MORTALITY.

Pop'l'n. (estimated.)	Philadelphia.	Week ending September 10.	New York.	Baltimore.	Week ending September 12.	Boston.	Providence.
							Month of
625,000	1,000,000	240,000	180,000	52,000			
<i>Mortality.</i>							
Male .....	175	299	72	45			
Female .....	149	261	32	48			
Adults .....	166	231	38	34			
Under 15 years.....	142	318	59	57			
Under 2 years .....	84	227	40	44*			
Total.....	324	600	104	93			
Deaths in 100,000.....	49.28	56.00	43.33	51.66			
American .....	242	369	...	66			
Foreign .....	62	191	...	27			
Negro .....	31	10	19	2			
<i>Zymotic Diseases.</i>							
Cholera, Asiatic .....	...	...	7	14			
Cholera Infantum .....	6	52	7	14			
Cholera Morbus .....	1	4	1	2			
Croup .....	12	15	5	1			
Diarrhea .....	24	27	...	6			
Diphtheria .....	12	11	2	1			
Dysentery .....	10	24	4	10			
Erysipelas .....	1	1	...	...			
Fever, Intermittent .....	1	...	2	...			
Fever, Remittent .....	1	1	...	...			
Fever, Scarlet .....	4	9	...	3			
Fever, Typhoid .....	19	7	8	...			
Fever, Typhus .....	1	5	...	...			
Fever, Yellow .....	1	1	...	1			
Hooping-cough .....	...	...	...	...			
Influenza .....	...	...	...	...			
Measles .....	...	...	...	...			
Small Pox .....	2	3	1	1			
Syphilis .....	...	...	...	...			
<i>Sporadic Diseases</i>							
Albuminuria .....	1	10	...	...			
Apoplexy .....	2	8	1	3			
Consumption .....	45	95	18	14			
Convulsions .....	13	35	...	...			
Dropsy .....	11	28	5	8			
Gun-shot Wounds .....	17	...	1	...			
Intemperance .....	1	2	1	1			
Marasmus .....	12	54	...	3			
Pleurisy .....	1	...	...	...			
Pneumonia .....	6	16	2	3			
Puerperal Fever .....	2	2	...	1			
Scrofula .....	...	...	...	...			
Sun Stroke .....	...	...	...	...			
Violence and Acc'ts .....	9	16	5	1			

\* Under 5 years.

#### WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

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Dec. 7, '61; to March 8, '63.

" VII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62, Dec. 27, '62 & Jan. 3, '63; Jan. 24 & 31, '63.

" XI. Nos. 1, 3, 4, 5, 7, 11, 21, Jan. 2, 16, 23, 30, Feb. 13, March 12, May 21, '64.